

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED AUG 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 28

Registration District No. R34

Primary Registration District No. 6097

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Advance, Rural Dist. 1  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ Years. \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

BERNIE J. CRAIN

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mat R. Crain

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 11 (Month)

9 (Day) 1877 (Year)

8. AGE:

Years

Months

Days

If less than one day

63

7

28

hr. \_\_\_\_\_ min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

Wm. Loonis Gilliland

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

Erminta Abernathy

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mat R. Crain

(b) Address

Advance, Mo. Route # 2.

17. (a)

Burial

(b) Date thereof

7-9-1941

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Fairmont cemetery

18. (a) Signature of funeral director

Chiles Und. Co.

(b) Address

Bloomfield, Missouri.

19. (a)

7-11-41

(b)

J. S. C. Kee

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard  
(c) City or town Advance, Mo. Rural.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day 7th  
year 1941 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from

\_\_\_\_\_, 1939, to July 7, 1941;

that I last saw her alive on July 6, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death.

Cancer and other malignant tumors of the digestive tract and peritoneum

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none made

Of autopsy no autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature E. C. Masters (M. D. or other) J. M.

Address Advance, Mo. Date signed July 11, 1941

RECEIVED

District Health Office No. 2

District File Number 841-1119

Date Filed 8-15-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

*Joan Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.